

Bending the Arkansas Medicaid Cost Curve - A Multi-Year Strategy

Changing What We Pay for and How

- Demonstration Project to evaluate payments for the provision of integrated care with
- 1 respect to episodes of care that includes a hospitalization and for concurrent physicians services provided during hospitalization. Section 2704 of the PPACA
 - 2 Global Payment System Demonstration Project. Section 2705 of the PPACA
 - Design and evaluate the use of Diagnostic Related Groups (DRG) and Ambulatory Patient
 - 3 Group (APG) for to reimburse hospitals for outpatient and inpatient services. Include pricing for step-down emergency services.
 - 4 Work with the new Clinician Utilization Review board (see Item 24), to develop diagnosis and therapy sensitive prior authorization strategies using the DMS SMART PA tool.
 - 5 Explore the use of Health Homes for Enrollees with Chronic Conditions. Section 2703 of the PPACA
 - 6 Implement Payment Adjustment for Health Care Acquired Conditions. Section 2702 of the PPACA.

Long Term care

- 7 Prepare and publish a quarterly case mix (level of care) report on Arkansas nursing homes using the MDS (Minimum Data Set) data.
- Examine the incentives in section 10202 of the PPACA that are available to States to
- 8 Offer Home and Community Based Services as a Long-Term Care Alternative to Nursing Homes.
- 9 Explore the challenges and opportunities available under the Community First Choice Option. Section 2401 of the PPACA. Also
- 10 Begin planning for a multi-year implementation of a case mix adjusted (level of care sensitive) reimbursement methodology for nursing homes.
- Require nursing homes to begin discharge planning from date of admission when the
- 11 person is approved for a limited period (convalescent) only. Permit them to satisfy with Options counseling from DAAS.

Starting Right - Planning for the New Adult Medicaid 'Population

- Assemble a work group to develop strategies to ensure that the new population of adults
- 12 that will become eligible in January 2014 will use their new access to get healthy, stay healthy, and take personal responsibility for achieving those goals. E.g. Adult Health Quality Measures. Section 2701 PPACA.

Waste, Fraud and Abuse

- 13 Implement a system that ensures that 100% of all claims paid to all providers are reviewed to identify and, when necessary follow up on outliers.
- 14 Expand member lock-in to include services other than pharmacy.

Medicaid Claims Based EMR

- Develop and implement a Web based tool that allows Medicaid providers to see the Medicaid claims record for their Medicaid enrolled patients. See about adding Part D Pharmacy Claims to Medicaid Claims records in the data warehouse. See also about reporting lab results to Medicaid and placing in data warehouse. Daily refresh warehouse from MMIS. Speed up adjudication process so claims data in the warehouse is as timely as possible.

Pharmacy

- Require prior approval (using SMART PA to extent possible) for any Medicaid member with more than two (2) brand name nonpreferred and permit, with prior authorization up to 8 scripts in any month.

Behavioral Health Services

- 17 Explore the Development of a 1915(i) Waiver to provide supportive services to individuals with Chronic mental illness.

- Implement new licensing and training requirements for mental health paraprofessionals. During the transition all services paid for such paraprofessionals must continue to be allowable under Federal Medicaid regulations and the State Plan. (Direct supervision, clinically appropriate individual treatment plans and all documentation).

- 18
- 19 Medicaid emergency psychiatric demonstration grant. Section 2707 of the PPACA.

PCP System Opportunities

- 20 Issue an a Request for Information (RFI) for Enhanced Primary Care Case Management Services
- 21 Pediatric Accountable Care Demonstration Project - Section 2706 of the PPACA

Program Administration

22 Medicaid Advisory Council - Restart

Create a clinician utilization review (CUR) board similar to drug utilization review board to
23 look at patterns and practice and preferred practice strategies. Agenda Item 1. When is
treatment/rehab done? Note: The CUR is not a stakeholder panel.

24 Implement correct coding initiative. Section 6507 of PPACA

Revenue - HIPP

25 Implement a HIPP (Health Insurance Payment) System.

Personal Responsibility

27 Demonstration Regarding Incentives for Prevention of Chronic Diseases in Medicaid.
Section 4108 PPACA.